



Member Application

Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: ____/____/____ Work Phone: ____/____/____

Email: _____

Please mark with an "X"

I am: ____ **Renewing Membership**

I am: ____ **A New Member**

Please mark with an "X" which type of Membership you would like and please select a division.

Membership to MCA

___ Regular/ Associate Member - \$75.00

___ Student/ Emeritus Member - \$37.50

Divisional Membership (All MCA members must join at least one (1) Division)

___ Michigan Association for Clinical Counselors - Reg/Assc - \$10.00

___ Michigan Association for Clinical Counselors - Student / Emeritus - \$5.00

___ Michigan Association for Counselor Supervision and Education - Reg/Assc - \$5.00

___ Michigan Association for Counselor Supervision and Education - Student / Emeritus - \$2.50

___ Michigan Association for Humanistic Education & Development - Reg/Assc - \$4.00

___ Michigan Association for Humanistic Education & Development - Student/ Emeritus - \$2.00

___ Michigan Association for Marriage and Family Counseling - Reg/Assc - \$10.00

___ Michigan Association for Marriage and Family Counseling - Student/ Emeritus - \$5.00

___ Michigan Association for Specialist in Group Work - Reg/Assc - \$15.00

___ Michigan Association for Specialist in Group Work - Student/ Emeritus - \$5.00

___ Michigan College Counseling Association - Reg/Assc - \$10.00

___ Michigan College Counseling Association - Student/ Emeritus - \$5.00

___ Michigan Career Development Association - Reg/Assc - \$10.00

___ Michigan Career Development Association - Student/ Emeritus - \$5.00

___ Michigan Employment Counseling Association - Reg/Assc - \$7.00

___ Michigan Employment Counseling Association - Student/ Emeritus - \$3.50

___ Michigan Mental Health Counseling Association - Reg/Emeritus - \$75.00

___ Michigan Mental Health Counseling Association - Student/Emeritus - \$50.00

Students must have a professor from their designated college or university verify their status as a student to receive the discounted rate.

College or University Name: _____

Professor Signature: _____ Name (print) _____



MCA occasionally makes its member listing, including email addresses, available to carefully selected applicants. Requests for such information are screened to ensure professional value which includes the MCA Directory, conference/workshop announcements etc...

Please mark with an "X"

I accept

Do not share my contact information

All Checks need to be made out to: Michigan Counseling Association. If you would like to pay by credit card you may do so by visiting our website at:

www.michigancounselingassociation.com

Please mail your membership order to:

Michigan Counseling Association

P.O. BOX 21219

Detroit, MI 48221

MCA is a 501©6 Non-Profit Organization. Dues are 98% Tax Deductible.

In an effort to conserve money and act green we will email you once we have processed your membership. We thank you for your membership!

If you have any questions about your membership please feel free to contact us.

Phone: 313-312-4MCA

313-312-4622

E-mail: michigancounselingassociation@gmail.com

There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age and/or disability.